

**CHILDREN'S PROTECTIVE SERVICES SERVICE AGREEMENT**  
State of Michigan Department of Human Services

Case Name: First		Last		Case Number				Complaint Date
SWSS Log Number	Worker Name			County	District	Section	Unit	Worker

**INSTRUCTIONS**

This template supplements the Investigation Report (DHS-154) and Updated Services Plan (DHS-152) printed by SWSS CPS. For cases receiving services, complete the information below. When signed by the worker and supervisor and attached to the DHS-154 or DHS-152, this document constitutes the Services Agreement described in CFP 714-1, Post-Investigative Services.

**SERVICE AGREEMENT**

**Goal Statements:**

"Click Here and Type"

**List steps and activities parents, children and worker must take to reach goals above:**

"Click Here and Type"

**Expected Measurable Outcomes:**

"Click Here and Type"

**By signing below, the parties agree that the service agreement has been negotiated, that all parties agree to what is expected and that the activities outlined may assist in maintaining parent/caretaker custody of the children.**

**The agreement will remain in effect until \_\_\_\_\_ or until it is jointly amended. It will be reviewed quarterly, or as required to determine progress toward meeting goals.**

PRIMARY CARETAKER NAME \_\_\_\_\_

SIGNATURE AND DATE \_\_\_\_\_

SECONDARY CARETAKER NAME \_\_\_\_\_

SIGNATURE AND DATE \_\_\_\_\_

WORKER NAME \_\_\_\_\_

SIGNATURE AND DATE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

SIGNATURE AND DATE \_\_\_\_\_

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